



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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SUMER

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
TOGUCHI,		CHARLES,	T.	(808) 221-0327
MAILING ADDRESS (Street)				FAX
47-640 HUI ULILI STREET				(808) 239-1271
(City)		(State)	(Zip Code)	
KANEIOHE,		HI	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Summerlin Life & Health Insurance Co.			(480) 921-0469
MAILING ADDRESS (Street)			FAX
1600 W. Broadway Rd. Suite 300			(480) 214-4601
(City)	(State)	(Zip Code)	
Tempe,	AZ	85282	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jim Dyer			480-921-0469
MAILING ADDRESS (Street)			FAX
1600 West Broadway Road, Suite 300			
(City)	(State)	(Zip Code)	
Tempe	AZ	85282	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Charles J. Loggia
(Signature of Lobbyist)

1-13-07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>James D. Dyer</u>		<u>Chairman</u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>Summertime Life & Health Insurance Co.</u>		<u>480-921-0469</u>	
MAILING ADDRESS (Street)		FAX	
<u>1600 W. Broadway Rd. Suite 300</u>		<u>480-921-7469</u>	
(City)	(State)	(Zip Code)	
<u>Tempe,</u>	<u>AZ</u>	<u>85282</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>James Dyer</u> (Signature of Authorizing Officer or Person Represented)		<u>1-3-07</u> (Date)	